

**ARKANSAS STATE PLANT BOARD  
COMMERCIAL PEST CONTROL SECTION  
P.O. Box 1069, Little Rock, Arkansas 72203-1069**

**APPLICATION FORM**

**MOLD INVESTIGATOR**

**NOTE: The Mold Investigator License fee is \$75.00 for January 1, 2010 through June 30, 2010.**

**IMPORTANT**

1. Licenses **will not** be issued to un-emancipated minors. The age of majority in Arkansas is 18 years old.
2. License applicants are required to submit their Social Security Number information for child support enforcement purposes. (See second page of application.)
3. You may be asked to show evidence of citizenship or proof of authorization to work.

**I am enclosing my remittance to cover License #**

**License (s) - \$**

**Please Print or Type-**

**Name of Company:** \_\_\_\_\_

**Company Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Company Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(Physical address is required)

**Company Office Phone:** \_\_\_\_\_ **Company Office Fax#:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Company Office E-Mail Address:** \_\_\_\_\_

Please furnish documentation showing certification in at least one of the following:

- ( ) Certification as a Certified Industrial Hygienist by the American Board of Industrial Hygiene.
- ( ) Certification as a Certified Microbial Consultant by the American Indoor Air Quality Council or a Certified Indoor Environmental Consultant.
- ( ) Official transcripts showing satisfactory completion of at least twenty (20) semester hours of college-level microbiology.

**This second page provides for required information about the person applying for license with the**

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**Last Name** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

(Please use same name that is shown on your driver's license)

**Social Security Number:**

(Required Confidential Information, the information above this line is REQUIRED BY Act 1163 of 1997)

**Home Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Personal Cell #:** \_\_\_\_\_

**For License Year:** January 1, 2010 through June 30, 2010